

## **Division of Provider Services** and Quality Assurance

Office of Long Term Care

http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx



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## **MEMORANDUM**

		LTC-A-2018-03						
то:	<ul> <li>Nursing Facilities; ☐ ICFs/MR 16 Bed &amp; Over; ☐ HDCs;</li> <li>ICFs/MR Under 16 Beds; ☐ ALF Level I; ☐ ALF Level II;</li> <li>RCFs; ☐ Adult Day Cares; ☐ Adult Day Health Cares;</li> <li>Post-Acute Head Injury Facilities; ☑ Interested Parties;</li> <li>DHS County Offices</li> </ul>							
FROM:	l: Carol Shockley, Director, Office of Long Term Care							
DATE:	February 15, 2018							
RE:	: Advisory Memo – Notification to Ombudsman of Transfers and Discharges							
to the sta		requirement under 42 CRF §483.15 of notifications discharged. Under that regulation, a facility <b>must</b> When Ombudsman is Notified						
•	The facility discharges a resident while the resident is still hospitalized	At the same time notice is provided to the resident or resident's representative						
•	The facility discharges a resident from the facility	Thirty (30) days prior to discharge; if the discharge is an emergency, when practicable, which can include a monthly list*						
•	The facility temporarily transfers a resident on an emergency basis to an acute care facility	When practicable, which can include a monthly list*						
* There	e is no specific form facilities must use when sendi	ng a list of residents to the ombudsman. But the list						

must meet the same content requirement of the actual notice to the resident or resident representative. A sample form for your use is included with this letter.

At the request of the State Ombudsman, please email notices to ombudsman.notification@arkansas.gov with the subject line including the following information: Facility/(County)/Type of Discharge. If you cannot send notifications by email, you may mail or fax the notice to:

## Charlotte Bishop State Long Term Care Ombudsman 100 Weaver Avenue Batesville, AR 72501 FAX: (501) 404-4640

Phone: (501) 582-8952 or (501) 508-8857 charlotte.bishop@dhs.arkansas.gov

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).

CS/lp

## **Emergency Transfers from Facility**

Facility Name	Month/Year

Name of Resident	Location of Transfer	Date of Transfer	Date of Notice to Resident	Date of Return to Facility	Reason for Transfer
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